

NEW YORK STATE ATHLETIC PLACEMENT PROCESS (APP) PARENT/GUARDIAN PERMISSION & CONSENT FORM

Student-Athlete Information

Student Name: _____

Current Grade: 8th Grade

Date of Birth: _____

Target High School Sport: _____

Target Level: [☐] Junior Varsity (JV) [☐] Varsity

Background & Purpose

The Athletic Placement Process (APP) permits eligible 8th-grade students to try out for high school athletic teams. Following updated New York State Education Department regulations, students enter this process strictly by invitation through a direct recommendation from a coach or the athletic director.

Parent/Guardian Acknowledgements

By signing below, I explicitly acknowledge and agree to the following conditions:

- **Skill Evaluation:** I understand my child has been invited to try out based on demonstrated skill, and final placement depends on meeting high school criteria.
- **Physical Readiness:** I confirm my child has completed a comprehensive pre-participation physical exam and is cleared for high school sports competition.
- **Maturity & Impact:** I recognize that high school sports involve competing against older students (ages 14–18). I accept responsibility for ensuring my child possesses the social and emotional maturity to handle this environment.

Permission & Consent

I hereby give my full permission for my child to participate in the Athletic Placement Process evaluation and, if selected, to participate as a member of the high school sports team indicated above.

School / Team: _____

Coach Printed Name: _____

Coach Signature: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____